

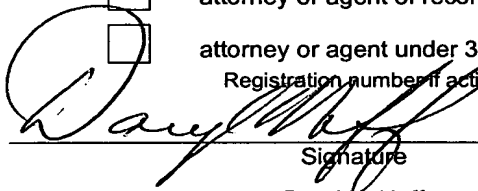
in 3621

PTO/SB/22 (12-04)

Approved for use through 7/31/2006. OMB 0651-0031

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|---|--|--|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |  | <b>Docket Number (Optional)</b><br>SONYJP 3.0-211                                  |                         |
| <b>Application Number</b> 09/978,416-Conf. #3621  |  | <b>Filed</b> October 16, 2001  |                         |
| <b>For</b> CONTENT RECEIVING APPARATUS AND METHOD, STORAGE MEDIUM, AND SERVER   |  |  |                         |
| <b>Art Unit</b> 3621  |  | <b>Examiner</b> J. Worjloh   |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |  |  |                         |
|   |  | <u>Fee</u>   | <u>Small Entity Fee</u> |
| <input checked="" type="checkbox"/>   | One month (37 CFR 1.17(a)(1))  | \$120  | \$60 \$ 120.00          |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))   | \$450  | \$225 \$                |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3))   | \$1020   | \$510 \$                |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))  | \$1590   | \$795 \$                |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))  | \$2160   | \$1080 \$               |
| <input type="checkbox"/>  | Applicant claims small entity status. See 37 CFR 1.27.   |  |                         |
| <input type="checkbox"/>  | A check in the amount of the fee is enclosed.  |  |                         |
| <input type="checkbox"/>  | Payment by credit card. Form PTO-2038 is attached.   |  |                         |
| <input checked="" type="checkbox"/>   | The Director has already been authorized to charge fees in this application to a Deposit Account.  |  |                         |
| <input checked="" type="checkbox"/>   | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-1095 . I have enclosed a duplicate copy of this sheet. |  |                         |
| I am the <input type="checkbox"/> applicant/inventor.   |  |  |                         |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |  |  |                         |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 38,253   |  |  |                         |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____  |  |  |                         |
| <br>_____<br>Signature<br>Daryl K. Neff<br>_____<br>Typed or printed name  |  | _____<br>September 21, 2005<br>Date<br>_____<br>(908) 518-6396<br>Telephone Number |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |  |  |                         |
| <input type="checkbox"/>  | Total of 1 forms are submitted.  |  |                         |

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I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: September 21, 2005

Signature:  (Daryl K. Neff)